

9/784910

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O/P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☐ Rejected N  
☐ Allowed I  
☐ Canceled A  
☐ Restricted O

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
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12		62		112	
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36		86		136	
37		87		137	
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41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

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If more than 150 claims or 10 actions  
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